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BIBDATASHEET

CONFIRMATION NO. 1831

Bib Data Sheet

SERIAL NUMBER 10/750,798	FILING DATE 01/05/2004 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 12577/27
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APPLICANTS

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** CONTINUING DATA ***** None (M.H)

** FOREIGN APPLICATIONS ***** yes (M.H)

JAPAN 2003-004737 01/10/2003

JAPAN 2003-054666 02/28/2003

JAPAN 2003-057592 03/04/2003

JAPAN 2003-024494 01/31/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 91	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged M.H Examiner's Signature Initials				

ADDRESS

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TITLE

Zoom lens and electronic imaging apparatus having the same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of